

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-19-04.

I. DISPUTE

Whether there should be reimbursement for E0218 and E0249 on 1-28-04.

II. FINDINGS

On 9-16-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT Code E0218 was partially paid by the carrier with a code of "M"- no MAR, According to Rule 133.307 (j)(f): If a dispute involves health care for which the Commission has not established a maximum allowable reimbursement..., each response shall include...documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement." There were no redacted EOB's submitted to show the need for additional payment. No additional reimbursement recommended.

CPT Code E0249 on 1-28-04 was partially paid with a denial code of "F" – Fee Guideline MAR Reduction: Per the Medicare Fee Guidelines (PalmettoGBA) the MAR for this Pad for Heat Unit is \$124.50. The carrier has paid this amount and there were no redacted EOB's submitted to show the need for more payment. No additional reimbursement recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes E0218 and E0249.

The above Findings, Decision and Order are hereby issued this 8th day of October, 2004.

Medical Dispute Resolution Officer
Medical Review Division